

# 22 Deny a SAR

## Introduction to Deny a SAR

A service authorization has service codes that can be denied as well as authorized. The user can enter the “Deny SAR” tab when the SAR is “Pending.”

The actual denial will not occur until the user clicks the “Deny” button on the “Deny SAR” tab.

## Objectives

At the completion of this section, you will be able to:

- Deny a SAR

## 22.1 Entry into the Deny SAR Tab

Notes

*Enter through View SAR Details*

1. Search for the SAR and view the details on View SAR Details.
2. Click the “Deny” tab.

### Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366		PENDING, SAR ID 97000002750	
Required fields are marked in *			
<b>CLIENT INFORMATION</b>			
<b>Client Name:</b>	FRANCISCO CARLOS CHAVEZ III	<b>F/R Elig:</b>	ACTIVE
<b>CCS Number:</b>	3331366	<b>Med Elig Status:</b>	SIGNED APP
<b>DOB:</b>	02/04/1984	<b>Diagnostic Only:</b>	NO
<b>CIN:</b>	97461633C5	<b>CCS Elig Status:</b>	9N CCS-M/C ONLY
<b>Gender:</b>	MALE	<b>County:</b>	KINGS
<b>Program Begin Date:</b>	12/18/2002	<b>Program End Date:</b>	12/18/2004
<b>PROVIDER INFORMATION</b>			
<b>Provider Name:</b>	LONG'S DRUG STORE #200	<b>Provider Number:</b>	PHA303440
<b>Address 1 *</b>	4300 CALIFORNIA AVE	<b>Address 2</b>	
<b>City *</b>	BAKERSFIELD	<b>County *</b>	Kern
<b>State *</b>	CA	<b>Zip *</b>	93309-1018
<a href="#">Edit Provider</a>			
<b>SAR INFORMATION</b>			
<b>SAR Number:</b>	97000002750	<b>Request Date:</b>	06/01/2004
<b>Service Begin Date:</b>	07/01/2004	<b>Service End Date:</b>	12/01/2004
<b>No Of Days:</b>	154	<b>State Funded:</b>	N
<b>EPSDT-SS:</b>	N	<b>CCS-SS:</b>	N
<b>State Approved Category:</b>			
<b>SAR DENIAL INFORMATION</b>			
<b>Correspondence</b>	<input checked="" type="radio"/> NOA <input type="radio"/> LETTER		
<b>Denied By *</b>	MCCARLEY,TRACI	<b>Effective Date *</b>	Mon Day Year
<b>Date Denied</b>	December 20, 2004		
<b>Reason for Denial *</b>	Select		
<b>Citation *</b>	Select		
<b>Denial Letter Text</b>			
<b>DISTRIBUTION</b>			
FAMILY VCH CHAVEZ III,FRANCISCO CARLOS		<a href="#">Add Distribution</a>	
<b>OTHER DETAILS</b>			
<b>Last Update Date:</b> 12/20/2004		<b>Last Update By:</b> MCCARLEY,TRACI	
<a href="#">Deny</a> <a href="#">Undo</a>			

The provider address may be edited for mailing purposes. However, this does not update the Provider Master File.

Correspondence will dictate the type of letter generated. **NOA** will print a Notice of Action and will default for cases with an Application Status of “Signed App” **Letter** will print a Denial Letter

## 22.2 Enter SAR Denial Information

- Enter the name of the person for the “Denied By” field.
  - A default name is provided for the user who is logged in CMS Net Web.
- Click the “find” button.

### Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366		PENDING, SAR ID 97000002750	
Required fields are marked in *			
<b>CLIENT INFORMATION</b>			
Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	Reg Status: ACTIVE
CCS Number:	3331366	Med Elig Status:	Application Status: SIGNED APP
DOB:	02/04/1984	Diagnostic Only:	PSA Status: SIGNED
CIN:	97461633CS	CCS Elig Status:	Program Begin Date: 12/18/2002
Gender:	MALE	County:	Program End Date: 12/18/2004
<b>PROVIDER INFORMATION</b>			
Provider Name:	LONG'S DRUG STORE #200	Provider Number:	PHA303440
Address 1 *	4300 CALIFORNIA AVE	Address 2	
City *	BAKERSFIELD	County *	Kern
State *	CA	Zip *	93309-1018
<a href="#">Edit Provider</a>			
<b>SAR INFORMATION</b>			
SAR Number:	97000002750	Request Date:	06/01/2004
Service Begin Date:	07/01/2004	Service End Date:	12/01/2004
No Of Days:	154	State Funded:	N
EPSDT-SS:	N	CCS-SS:	N
State Approved			
Category:			
<b>SAR DENIAL INFORMATION</b>			
Correspondence	<input checked="" type="radio"/> NOA <input type="radio"/> LETTER		
Denied By *	MCCARLEY,TRACI	<a href="#">find</a>	Effective Date *
Date Denied	December 20, 2004		Mon Day Year
Reason for Denial *	Select		
Citation *	Select		
Denial Letter Text			
<b>DISTRIBUTION</b>			
FAMILY VCH CHAVEZ III,FRANCISCO CARLOS	<a href="#">Add Distribution</a>		
<b>OTHER DETAILS</b>			
Last Update Date: 12/20/2004		Last Update By: MCCARLEY,TRACI	
<a href="#">Deny</a> <a href="#">Undo</a>			

- Select by clicking the name of the user in the user search results.

Search Results - List of WHITAKER,LAVORRA Names			
Last Name	First Name	Region	County
WHITAKER	LAVORRA		

Notes

4. Enter the “Effective Date.”
5. Select the Reason for Denial

### Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000002750

Required fields are marked in \*

#### CLIENT INFORMATION

<b>Client Name:</b> FRANCISCO CARLOS CHAVEZ III	<b>F/R Elig:</b>	<b>Reg Status:</b> ACTIVE
<b>CCS Number:</b> 3331366	<b>Med Elig Status:</b>	<b>Application Status:</b> SIGNED APP
<b>DOB:</b> 02/04/1984	<b>Diagnostic Only:</b> NO	<b>PSA Status:</b> SIGNED
<b>CIN:</b> 97461633CS	<b>CCS Elig Status:</b> 9N CCS-MAC ONLY	<b>Program Begin Date:</b> 12/18/2002
<b>Gender:</b> MALE	<b>County:</b> KINGS	<b>Program End Date:</b> 12/18/2004

#### PROVIDER INFORMATION

<b>Provider Name:</b> LONG'S DRUG STORE #200	<b>Provider Number:</b> PHA303440
<b>Address 1 *</b> 4300 CALIFORNIA AVE	<b>Address 2</b>
<b>City *</b> BAKERSFIELD	<b>County *</b> Kern
<b>State *</b> CA	<b>Zip *</b> 93309-1018

[Edit Provider](#)

#### SAR INFORMATION

<b>SAR Number:</b> 97000002750	<b>Request Date:</b> 06/01/2004
<b>Service Begin Date:</b> 07/01/2004	<b>Service End Date:</b> 12/01/2004
<b>No Of Days:</b> 154	<b>State Funded:</b> N
<b>EPSDT-SS:</b> N	<b>CCS-SS:</b> N
<b>State Approved Category:</b>	

#### SAR DENIAL INFORMATION

Correspondence ☒ NOA ☐ LETTER

Denied By \* MCCARLEY,TRACI [find >](#) Effective Date \* Mon Day Year

Date Denied December 20, 2004

Reason for Denial \* Select

Citation \* Select

Denial Letter Text

#### DISTRIBUTION

FAMILY  
VCH  
CHAVEZ III,FRANCISCO CARLOS

[Add Distribution](#)

#### OTHER DETAILS

Last Update Date: 12/20/2004

Last Update By: MCCARLEY,TRACI

[Deny](#) [Undo](#)

## Notes

The “Effective Date” of denial is the date actually denied. It may be the same date as the service begin date or after.

The “Date Denied” is the date that the user actually updated the SAR to denied.

Field descriptions are provided in CMS Net Web Online Help.

## 22.3 Enter SAR Denial Information

1. Enter the Denial Letter Text if appropriate.
2. Select values in the “Distribution” list box for who should receive the denial letter. You may select multiple values.

### Deny SAR

Notes

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000002750

Required fields are marked in \*

**CLIENT INFORMATION**

<b>Client Name:</b> FRANCISCO CARLOS CHAVEZ III	<b>F/R Elig:</b>	<b>Reg Status:</b> ACTIVE
<b>CCS Number:</b> 3331366	<b>Med Elig Status:</b>	<b>Application Status:</b> SIGNED APP
<b>DOB:</b> 02/04/1984	<b>Diagnostic Only:</b> NO	<b>PSA Status:</b> SIGNED
<b>CIN:</b> 97461633C5	<b>CCS Elig Status:</b> 9N CCS-M/C ONLY	<b>Program Begin Date:</b> 12/18/2002
<b>Gender:</b> MALE	<b>County:</b> KINGS	<b>Program End Date:</b> 12/18/2004

**PROVIDER INFORMATION**

<b>Provider Name:</b> LONG'S DRUG STORE #200	<b>Provider Number:</b> PHA303440
<b>Address 1 *</b> 4300 CALIFORNIA AVE	<b>Address 2</b>
<b>City *</b> BAKERSFIELD	<b>County *</b> Kern
<b>State *</b> CA	<b>Zip *</b> 93309-1018

[Edit Provider](#)

**SAR INFORMATION**

<b>SAR Number:</b> 97000002750	<b>Request Date:</b> 06/01/2004
<b>Service Begin Date:</b> 07/01/2004	<b>Service End Date:</b> 12/01/2004
<b>No Of Days:</b> 154	<b>State Funded:</b> N
<b>EPSDT-SS:</b> N	<b>CCS-SS:</b> N

**SAR DENIAL INFORMATION**

Correspondence ☒ NOA ☐ LETTER

**Denied By \*** MCCARLEY,TRACI [find](#) **Effective Date \*** Mon Day Year

**Date Denied** December 20, 2004

**Reason for Denial \*** Select

**Citation \*** Select

**Denial Letter Text**

**DISTRIBUTION**

FAMILY  
 VCH  
 CHAVEZ III,FRANCISCO CARLOS

[Add Distribution](#)

**OTHER DETAILS**

**Last Update Date:** 12/20/2004 **Last Update By:** MCCARLEY,TRACI

[Deny](#)
[Undo](#)



Whatever is typed in the “Denial Letter Text” will appear in the Denial Letter below the paragraph that states the reason for denial.

## 22.4 Deny the SAR

1. To save updates to the SAR and to update the status of the SAR to *denied*, click the “Deny” button.
2. Once the status of the SAR is updated to “Deny,” the narrative page will open. From the narrative, the user will have the option to print the Denial Letter and return to the View SAR page.

### Deny SAR

FRANCISCO CARLOS CHAVEZ III, 3331366 PENDING, SAR ID 97000002750

Required fields are marked in \*

CLIENT INFORMATION			
<b>Client Name:</b>	FRANCISCO CARLOS CHAVEZ III	<b>F/R Elig:</b>	ACTIVE
<b>CCS Number:</b>	3331366	<b>Med Elig Status:</b>	SIGNED APP
<b>DOB:</b>	02/04/1984	<b>Diagnostic Only:</b>	SIGNED
<b>CIN:</b>	97461633C5	<b>CCS Elig Status:</b>	Program Begin Date: 12/18/2002
<b>Gender:</b>	MALE	<b>County:</b>	Program End Date: 12/18/2004

PROVIDER INFORMATION			
<b>Provider Name:</b>	LONG'S DRUG STORE #200	<b>Provider Number:</b>	PHA303440
<b>Address 1 *</b>	4300 CALIFORNIA AVE	<b>Address 2</b>	
<b>City *</b>	BAKERSFIELD	<b>County *</b>	Kern
<b>State *</b>	CA	<b>Zip *</b>	93309-1018
<b>Edit Provider</b>			

SAR INFORMATION			
<b>SAR Number:</b>	97000002750	<b>Request Date:</b>	06/01/2004
<b>Service Begin Date:</b>	07/01/2004	<b>Service End Date:</b>	12/01/2004
<b>No Of Days:</b>	154	<b>State Funded:</b>	N
<b>EPSDT-SS:</b>	N	<b>CCS-SS:</b>	N
<b>State Approved Category:</b>			

SAR DENIAL INFORMATION			
<b>Correspondence</b>	<input checked="" type="radio"/> NOA <input type="radio"/> LETTER		
<b>Denied By *</b>	MCCARLEY,TRACI	<b>Effective Date *</b>	Mon Day Year
<b>Date Denied</b>	December 20, 2004		
<b>Reason for Denial *</b>	Select		
<b>Citation *</b>	Select		
<b>Denial Letter Text</b>			

DISTRIBUTION	
FAMILY VCH CHAVEZ III,FRANCISCO CARLOS	<b>Add Distribution</b>

OTHER DETAILS	
<b>Last Update Date:</b>	12/20/2004
<b>Last Update By:</b>	MCCARLEY,TRACI

**Deny** **Undo**

## 22.5 The Denial Letter

### Notes

Here is a copy of the denial letter that will be generated for the provider and for those who are carbon-copied in the letter (the entries selected in the distribution list box).

Note: A Spanish version of the letter will print for when Family or Patient are selected from the distribution and the Spanish is indicated as the language on Patient Registration

California Children's Services  
<County or Regional Office>  
<County or Regional Office Address Line 1>  
<County or Regional Office Address Line 2>  
<County or Regional Office City, State Zip-Zip+4>

<Current-Date>

#### DENIAL LETTER

<Provider-Name>	Re:	<Client-Name>
<Provider-Address-Line-1>	CCS#:	<CCS-Number>
<Provider-Address-Line-2>	DOB:	<Date-of-Birth>
<Provider-City,State,Zip>	County:	<Legal-County>
	CIN#:	<CIN-Number>

Dear <Provider-Name>:

California Children's Services was unable to approve Service Authorization 999999999999 recently received for <Client-Name> for the reason(s) listed below:

<Reason-for-Denial>  
<Denial-Letter-Text>

The services requested were:

<Number-of-Days> inpatient days

<Service-Code or SCG>	<Modifier>	<Service- Description>	<Service- Units>	<Service- Quantity>	<Amount>
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The effective date of denial is <Date-of-Denial>.

Thank you for your continued participation in the CCS program. If you have any questions, please call the <County/Regional Office> CCS office at <County/Region Phone Number>.

Sincerely,

California Children's Services



## 22.6 The Notice of Action Letter

Here is a copy of the NOA letter that will be generated for the family and for those who are carbon-copied in the letter (the entries selected in the distribution list box).

Note: A Spanish version of the letter will print for when Family or Patient are selected from the distribution and the Spanish is indicated as the language on Patient Registration

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California Children's Services  
SRO-SACRAMENTO REGIONAL OFFICE  
P.O. BOX 997413  
MS 8100  
SACRAMENTO, CA 95899-7413  
(916) 327-3100

CAMELIA CHAVEZ  
5704 NEWARK  
CORCORAN, CA 93212

### NOTICE OF ACTION

**SAR #:** 97000002750  
**RE:** FRANCISCO CARLOS  
CHAVEZ III  
**DOB:** 02/04/1984  
**CCS #:** 3331366  
**CO:** KINGS

Dear CAMELIA CHAVEZ:

The California Children's Services program is required to provide you with written notice when eligibility or services are denied. After reviewing all available information, the following determination was made:

CCS program benefits may be authorized for clients enrolled in a HMO only when the service has been denied by the HMO plan membership and it is necessary to treat the CCS eligible condition. The requested service is denied because the service is a benefit of your HMO plan. Citations: Health and Safety Code, Section 123825; Title 22, California Code of Regulations, Section 42110 (8) and State Department of Health Services, California Children Services Policy letter numbered 06-0394.

The effective date of this Notice of Action is 07/01/2004.

THIS SPACE IS AVAILABLE FOR DENIAL TEXT.

The Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (916) 327-3100.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children's Services

CC:  
CAMELIA CHAVEZ  
5704 NEWARK  
CORCORAN, CA 93212

D

2/09/05

CALIFORNIA CHILDREN'S SERVICES PROGRAM  
NOTICE OF ACTION - APPEAL PROCESS

**PATIENT NAME:** FRANCISCO CARLOS CHAVEZ III  
**DOB:** 02/04/1984  
**CCS #:** 3331366  
**CO:** KINGS

The California Children's Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.
2. The appeal MUST be submitted by 01/19/2005, which is 30 calendar days from the date on the Notice of Action.
3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.
4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.
5. Your appeal is to be submitted to the CCS office designated below:

CALIFORNIA CHILDREN'S SERVICES  
SRO-SACRAMENTO REGIONAL OFFICE  
P.O. BOX 997413  
MS 8100  
SACRAMENTO, CA 95899-7413

6. You have a right to review the CCS file and medical records for FRANCISCO CARLOS CHAVEZ III.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (916) 327-3100.